By Lt. David Kurtz

zz-zzz I'll Sleep When I'm Dead zz-zzz

Anyone who has been to sea with a squadron knows the hectic schedule of planning, briefing, and dealing with many other details. Never is this truer than during combat operations, when the pressure to get airborne and protect the fellas on the ground often can get the better of our judgment.

We became the night-ops carrier in support of Operation Enduring Freedom. To make this possible, the entire ship shifted its schedule 12 hours. The first couple of days were filled with training as the aircrew and the ship's personnel got used to the new schedule. The adjustment was hard, and the new daytime-sleep hours took a while to become habit.

Shakespeare wrote in Hamlet, "Use almost can change the stamp of nature," but your body naturally knows when it should be asleep. I should have listened more to my bod and less to the Bard.

On the first night of combat operations, my crew was scheduled for the second go—night launch, day recovery, and 6+00 flight. Our jet went down, and the ship shot the spare. The next night, ops had us scheduled for the first go—night launch, pinky-sunrise recovery, and 6+00 flight. In between, I had the overnight, four-hour, current-operations watch. Sleep was not yet coming easily, so the pre-ACOPSWO nap I'd scheduled was not very effective (read non-existent). I stood the watch and was relieved an hour before the brief.

Photo by PH2 Jeremy Hall

I went to the ready room, double-checked the kneeboard card against the ATO, briefed the section, and, now four hours off of watch and a solid 30 hours from my last good sleep, I manned-up a jet.

The adrenaline of the first flight over the beach and the newness of the situation sustained me for the brief and most of the flight. I was ahead of the jet, making timely decisions, and because of a stellar pre-AOR tactics board, I was experiencing no surprises. We were on our toes as a crew. I handled all of the comms and navigation up front as ECMO 1 and felt on top of my game.

The adrenaline started to subside as we crossed the beach—feet wet. We had made the sortie, and the standard Case III was the only thing between my rack and me. Then we lost the TACAN. The pilot and I hit the wall while holding overhead, waiting for vectors down. A lack of the usual chitchat from the backseat told us we weren't the only ones. We uneventfully recovered, and 38 hours from my last trip over Sleepghanistan, I finally was back at my JO workstation.

Though the flight was uneventful, its message was simple and enlightening. The noise generated on a ship from the no-loads, chains, towbars, and the 1MC, conspires against us. We know if we can't finish the plan because of crew rest, it's not going to get finished.

We must understand crew-rest guidelines are there for a reason. We need to be smarter and to use our judgment to govern ourselves and make the safe, tough decisions. William Shakespeare was a smart guy, but Mother Nature has more time in type, and we need to take time to listen to her lesson.

Lt. Kurtz flies with VAQ-138.

From the Command Surgeon, Naval Safety Center

Operational commitments may require sustained operations in which sleep and circadian rhythms are disrupted, leading to potentially hazardous fatigue. At the Naval Safety Center, we have seen an increase in reports of potentially hazardous fatigue.

Because fatigue in sustained flight operations can lead to poor flight performance and increased aircraft-mishap potential, squadron COs and flight surgeons must find ways to maintain optimal performance. Combat naps, proper nutrition, and caffeine are approved and accepted ways to prevent and manage fatigue. In sustained operations, however, these methods may be insufficient. Flight surgeons may have to use stimulants and sedative medications, such as Dexedrine, Ambien, and Restoril, or other measures to manage fatigue and maintain pilot performance. Stimulants and sedatives, though, should be used only in combat or during exceptional circumstances of operational necessity. In all cases, they should be used only with authorization of the squadron commanding officer.

Historically, using medications to maintain performance in aviators is not a new idea. The British and Germans used amphetamines during WWII with their pilots. Later, the British used sedatives to regulate sleep for pilots during the Falklands conflict. Our Air Force and Navy pilots used amphetamines in Vietnam, and the Air Force used amphetamines and sedatives during Desert Storm. In all these circumstances, the drug use was reported to be safe and effective.

The fleet's request to use stimulants and sedative medications during sustained flight operations led to development of NavMed P-6410 (01 Jan 2000), Performance Maintenance During Continuous Flight Operations, A Guide for Flight Surgeons. This guide is approved by NOMI and BuMed as the acceptable standard-of-care guide for flight surgeons. It provides background on the subject, strategies for fatigue reduction, and guidance in the use of sleep-inducing and anti-fatigue medications ("no-go pills" and "go pills") in aircrew. Commanding officers, after consulting with their flight surgeons, are authorized by OpNavInst 3710.7 S (15 November 2001) to use any strategies described in the guide when mission requirements and operational risk management indicate use would be appropriate.

Capt. James Fraser, MC